



## **ADDENDUM No. "1" to RFP No. B2014003**

### **Juror Mailing**

Date of Addendum No. "1" Issued: February 14, 2014

Purpose of this Addendum is to:

- ❖ Provide samples of questionnaires.
- ❖ Address questions that have arisen since bid was posted.

1) Are you able to provide samples of the notices you currently use?

Samples included.

2) Is it absolutely necessary to mail from the post office in Rhode Island?

Yes

3) Is there a timeline for vendor selection?

Yes, we would like to have a vendor by the last week of February 2014.

4) When in March would the mailing occur?

The last week in March 2014 .





STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
OFFICE OF THE JURY COMMISSIONER

Frank Licht Judicial Complex  
250 Benefit Street  
Providence, Rhode Island 02903  
Telephone 222-3245 (Providence & Bristol Counties)  
Telephone 822-6865 (Kent County)  
Telephone 782-4177 (Newport & Washington Counties)

OFFICE USE ONLY

DATE \_\_\_\_\_  
EXC D \_\_\_\_\_  
LEGAL EXEMPT \_\_\_\_\_  
PP \_\_\_\_\_ PER \_\_\_\_\_  
LTR DUE \_\_\_\_\_  
SERVED \_\_\_\_\_

Dear Prospective Juror:

Your name has been drawn by lot and you are being considered for Petit Jury Service. You will be subject to call by summons for service as a juror at any time during the year beginning in July, 2013 and ending in June, 2014. THIS IS NOT A SUMMONS. If you are called for jury service, you will be sent a summons approximately ten days before you are required to begin your service.

**PLEASE FILL OUT THIS QUESTIONNAIRE AND RETURN IT WITHIN THE  
NEXT FIVE DAYS. IT IS POSSIBLE THAT YOU WILL RECEIVE MORE THAN ONE –  
FILL OUT ONE BUT RETURN BOTH IN THE SAME ENVELOPE.**

JURORS IN NEWPORT AND WASHINGTON COUNTIES WILL BE CONTACTED BY PHONE PRIOR TO BEING CALLED FOR SERVICE.

( THE INFORMATION YOU PROVIDE ON THIS FORM WILL BE USED ONLY BY THE JURY COMMISSIONER AND THE COURT TO DETERMINE YOUR ELIGIBILITY FOR JURY SERVICE AND TO ENABLE THE COURT TO CONTACT YOU IN THE FUTURE. ONCE COMPLETED THIS QUESTIONNAIRE WILL NOT BE PUBLICLY AVAILABLE, EXCEPT BY ORDER OF A JUSTICE OF THE COURT. )

Very truly yours,

John T. O'Hara  
Jury Commissioner

**JUROR QUALIFICATION QUESTIONNAIRE**

Answer all questions on both sides of this sheet. Print all answers. Cell Phone #: \_\_\_\_\_

Name in Full: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
First Middle Initial Last

Residence: \_\_\_\_\_  
Number Street City/Town State Zip

Date of Birth: \_\_\_\_\_ Are you a citizen of the United States? ☐ Yes ☐ No  
Month Day Year

If not, provide Alien Reg. #: \_\_\_\_\_

(Please note: Courts are accessible to individuals with disabilities and reasonable accommodation for a disability will be provided, upon request). T.T.Y. (Hearing Impaired) 222-3269.

(Continued on Other Side)



1. Can You: Read ☐ YES ☐ NO Write ☐ YES ☐ NO Speak ☐ YES ☐ NO Understand ☐ YES ☐ NO the English Language?

2. Age: \_\_\_\_\_ years

3. Sex ☐ MALE  
☐ FEMALE

4. Occupation, Trade or Business \_\_\_\_\_

5. Employer's  
Name: \_\_\_\_\_

6. Employer's Address:

Number

Street

City/Town

State

Zip

7. Employer's Telephone: \_\_\_\_\_

8. Education: Fill in the number of the last grade that you completed.

Grade School (1-8) \_\_\_\_\_ High/Voc./Trade (9-12) \_\_\_\_\_ College (13-16) \_\_\_\_\_ Grad. (16+) \_\_\_\_\_

9. Have you ever been convicted of, pled guilty or pled nolo contendere to a state or federal crime for which punishment could have been more than one year in prison or more than a \$500 fine?

☐ YES ☐ NO

10. IF YOU ANSWERED YES TO #9

Has entire sentence been completed, including suspended portions, probation and parole?

☐ YES ☐ NO

11. Do you have any health conditions which would prevent you from serving on a jury?

☐ YES ☐ NO

IF YES, please explain: \_\_\_\_\_

12. Do you require accommodations for a disability that would allow you to serve as a juror?

☐ YES ☐ NO

IF YES, please explain: e.g. sign language, assistive listening device or reader \_\_\_\_\_

13. Do you request to be excused from jury duty on the grounds that it would cause you actual economic or domestic hardship?

☐ YES ☐ NO

IF YES, please describe that hardship: \_\_\_\_\_

14. Have you served on any Grand or Petit Jury in the past 3 years?

☐ YES ☐ NO

15. IF YOU ANSWERED YES TO #14 ☐ FEDERAL COURT ☐ STATE COURT

16. Date Served \_\_\_\_/\_\_\_\_/\_\_\_\_

17. The following persons shall be exempted from serving as jurors, namely: the members of Congress from the state of Rhode Island, the general officers of the state, the members and officers of the General Assembly during their tenure of office irrespective of whether the General Assembly is in session or not; the jury commissioner and his assistants; the justices of the state and the of the United States courts; clerks of said courts; practicing attorneys-at-law; sheriffs; deputy sheriffs; marshals; probation and parole officers; deputy marshalls; correctional officers, members of any paid police force of the state or any city or town; members of any paid fire department of any city or town; and members of the armed services on active duty.

Do you wish to claim your exemption?

☐ YES ☐ NO

Circle the exempt category which qualifies you for an exemption \_\_\_\_\_

I have answered all questions truthfully and to the best of my knowledge and belief.

If this form was filled out by someone other than the addressee, please sign below with address and reason why.

SIGN HERE \_\_\_\_\_

NAME \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

REASON \_\_\_\_\_





STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
OFFICE OF THE JURY COMMISSIONER

Frank Licht Judicial Complex  
250 Benefit Street  
Providence, Rhode Island 02903  
Telephone 222-3245 (Providence & Bristol Counties)  
Telephone 822-6865 (Kent County)  
Telephone 782-4177 (Newport & Washington Counties)

OFFICE USE ONLY

DATE \_\_\_\_\_  
EXC D \_\_\_\_\_  
LEGAL EXEMPT \_\_\_\_\_  
PP \_\_\_\_\_ PER \_\_\_\_\_  
LTR DUE \_\_\_\_\_  
SERVED \_\_\_\_\_

Dear Prospective Juror:

Your name has been drawn by lot and you are being considered for Grand Jury Service. You will be subject to call by summons for service as a juror at any time during the year beginning in July, 2013 and ending in June, 2014. THIS IS NOT A SUMMONS. If you are called for jury service, you will be sent a summons approximately ten days before you are required to begin your service.

**PLEASE FILL OUT THIS QUESTIONNAIRE AND RETURN IT WITHIN THE NEXT FIVE DAYS. IT IS POSSIBLE THAT YOU WILL RECEIVE MORE THAN ONE -- FILL OUT ONE BUT RETURN BOTH IN THE SAME ENVELOPE.**

JURORS IN NEWPORT AND WASHINGTON COUNTIES WILL BE CONTACTED BY PHONE PRIOR TO BEING CALLED FOR SERVICE.

THE INFORMATION YOU PROVIDE ON THIS FORM WILL BE USED ONLY BY THE JURY COMMISSIONER AND THE COURT TO DETERMINE YOUR ELIGIBILITY FOR JURY SERVICE AND TO ENABLE THE COURT TO CONTACT YOU IN THE FUTURE. ONCE COMPLETED THIS QUESTIONNAIRE WILL NOT BE PUBLICLY AVAILABLE, EXCEPT BY ORDER OF A JUSTICE OF THE COURT.

Very truly yours,

John T. O'Hara  
Jury Commissioner

**JUROR QUALIFICATION QUESTIONNAIRE**

Answer all questions on both sides of this sheet. Print all answers. Cell Phone #: \_\_\_\_\_

Name in Full: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
First Middle Initial Last

Residence: \_\_\_\_\_  
Number Street City/Town State Zip

Date of Birth: \_\_\_\_\_ Are you a citizen of the United States? ☐ Yes ☐ No  
Month Day Year  
If not, provide Alien Reg. #: \_\_\_\_\_

(Please note: Courts are accessible to individuals with disabilities and reasonable accommodation for a disability will be provided, upon request). T.T.Y. (Hearing Impaired) 222-3269.

(Continued on Other Side)



1. Can You: Read ☐ YES Write ☐ YES Speak ☐ YES Understand ☐ YES the English Language?  
☐ NO ☐ NO ☐ NO ☐ NO

2. Age: \_\_\_\_\_ years

3. Sex ☐ MALE  
☐ FEMALE

4. Occupation, Trade or Business \_\_\_\_\_

5. Employer's  
Name: \_\_\_\_\_

6. Employer's Address:

Number Street City/Town State Zip

7. Employer's Telephone: \_\_\_\_\_

8. Education: Fill in the number of the last grade that you completed.

Grade School (1-8) \_\_\_\_\_ High/Voc./Trade (9-12) \_\_\_\_\_ College (13-16) \_\_\_\_\_ Grad. (16+) \_\_\_\_\_

9. Have you ever been convicted of, pled guilty or pled nolo contendere to a state or federal crime for which punishment could have been more than one year in prison or more than a \$500 fine? ☐ YES ☐ NO

10. IF YOU ANSWERED YES TO #9  
Has entire sentence been completed, including suspended portions, probation and parole? ☐ YES ☐ NO

11. Do you have any health conditions which would prevent you from serving on a jury? ☐ YES ☐ NO  
IF YES, please explain: \_\_\_\_\_

12. Do you require accommodations for a disability that would allow you to serve as a juror? ☐ YES ☐ NO  
IF YES, please explain: e.g. sign language, assistive listening device or reader \_\_\_\_\_

13. Do you request to be excused from jury duty on the grounds that it would cause you actual economic or domestic hardship? ☐ YES ☐ NO  
IF YES, please describe that hardship: \_\_\_\_\_

14. Have you served on any Grand or Petit Jury in the past 3 years? ☐ YES ☐ NO

15. IF YOU ANSWERED YES TO #14 ☐ FEDERAL COURT ☐ STATE COURT

16. Date Served \_\_\_\_/\_\_\_\_/\_\_\_\_

17. The following persons shall be exempted from serving as jurors, namely: the members of Congress from the state of Rhode Island, the general officers of the state, the members and officers of the General Assembly during their tenure of office irrespective of whether the General Assembly is in session or not; the jury commissioner and his assistants; the justices of the state and the of the United States courts; clerks of said courts; practicing attorneys-at-law; sheriffs; deputy sheriffs; marshals; probation and parole officers; deputy marshals; correctional officers, members of any paid police force of the state or any city or town; members of any paid fire department of any city or town; and members of the armed services on active duty.

Do you wish to claim your exemption?

☐ YES ☐ NO

Circle the exempt category which qualifies you for an exemption

I have answered all questions truthfully and to the best of my knowledge and belief.

If this form was filled out by someone other than the addressee, please sign below with address and reason why.

SIGN HERE \_\_\_\_\_

NAME \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

REASON \_\_\_\_\_